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A CASE OF INTESTINAL DISEASE.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY WM. ED. COALE, M.D., BOSTON.

P. T., æt. 28; lawyer; of previous good health and robust constitution; great energy and powers of endurance. By unremitting application and great industry he had increased his business, until it took almost incessant labor on his part to conduct it. This led him, during term time, to great irregularities as to the time of taking his food and as to the kind and quantity taken. One afternoon in March, 1841, he ate a whole lemon, rind and all; and awoke, an hour after going bed, in great pain extending all over the bowels. This was endured through the night, but relieved in the morning with rhubarb. This was followed by returns of the same pain at intervals of five or six weeks, with great soreness of the abdomen in the intervals—so much so, that he could hardly ride over rough roads or even move suddenly. In the summer there was a great accession of distress. This was treated with calomel, which caused great prostration, and a severe dysentery followed, leaving him very much reduced. The attacks of pain then occurred at intervals of from three to five weeks, though he gained strength until January, 1842, when a very severe attack occurred, during which nine wine glasses of castor oil were taken before a passage and relief were obtained. After this, salivation was induced, with great prostration of strength. Getting out for a day or two, he was again seized very violently, and stramonium was exhibited in large quantities, producing delirium and for four days threatening death. Then was a confinement to the bed for eighty days. His system again rallied, but the pain still recurred at intervals of four weeks—the intervals often being very regular. In the fall of this year he came under my care.

When I first saw him, he was emaciated and feeble to a very great degree, but retaining great activity of mind and cheerfulness of disposition, though the latter was occasionally affected by his great suffering, or rather by the effect of his condition upon his family. For ten months his diet had been regulated with the utmost

necity, and for the last half of that time had consisted almost entirely of tea and crackers. His usual condition was one of freedom from pain; that is, when not under one of his attacks he had no nausea, no pain, no tenderness of abdomen, no disturbance of the functions of the kidneys, had a fair appetite and digested his crackers readily. The pulse and skin were also natural—the tongue not furred. He was impressible to cold, but probably not more so than his feeble anæmic condition and imperfect nutrition would account for. As a general rule, his bowels were open once a day, often twice—the stools perfectly natural.

Now for the peculiar attacks to which he was subject. If the bowels were bound for more than twenty-four hours, an uneasy sensation was soon felt in the right iliac region. If a purgative could be made to act immediately this uneasiness disappeared, and he could call himself as well as usual except as affected by the medicine. But the difficulties in the way of such relief were these. If the purgative were very energetic, it produced prostration, from which it took many days to recover; it also left the bowels very torpid, so that they had again to be stimulated to action. If the purgative were not active, the attack got ahead of it. In this latter case the uneasy sensation in the iliac region increased; then tumidity of the part occurred; then exquisite pain; then the utmost tenderness, so much so that the weight of the bedclothes could not be borne. Accompanying these symptoms, were increased frequency of the pulse, chilliness and nervous tremor of the whole system, requiring the room to be kept at a high temperature. The pain then diffused itself, or rather radiated over the whole abdomen, with paroxysms of accession; nausea and vomiting ensued; the urine became scant and high colored; the movements of the leg of that side were very painful. In prolonged and severe attacks, when these symptoms had progressed to a great extent, general spasms occurred, sometimes to a very high degree—so much so, as to throw the patient not only violently about the bed, but even from it to the floor. These were evidently hysteric or tetanic, not epileptic; that is, they were never accompanied by loss of consciousness, and in the beginning could be partially controlled at will, though in the more advanced and severe attacks this was entirely out of the question. They did not affect any particular set of muscles, but all. The fingers were often clenched into the palms of the hands, so as to wound the skin; the tongue was bitten; the fists were thrown violently against the chest.

As a further illustration of the peculiarity of these spasms, and why I call them hysteric, I will mention here that the day after a severe attack, when I found my patient otherwise comfortable, upon attempting to talk, after uttering a few words his tongue curled obstinately upward, depriving him of control over it. As a remedy for this, I suggested touching the tip of it with a drop of raw brandy. This had the desired effect, acting as an antispasmodic; so that holding a wineglass with a little brandy in it conveniently with

one hand, he could say half a dozen words—then the spasm—then touching the tongue the spasm was relaxed for the next dozen words or so, when the same process had to be repeated. But the relief was so sudden, that conversation was scarce interrupted or tiresome. During the attack there was no spontaneous movement of the bowels, but when a motion was effected amelioration speedily followed. There was great tympanitis, frequent and voluminous eructations, but these seemed to proceed greatly from spasmodic swallowing of air. The paroxysm would reach its height in six hours; the greatest duration of one, before relief occurred, was eighteen—though after I had made my diagnosis and acted upon it they were shortened to eight, six and even less.

From the above history and symptoms I formed the diagnosis. The patient had evidently been a man of good physical qualities, and still retained fine mental and moral ones—a clear mind and great patience. His emaciation, anæmia and prostration might be well accounted for by the imperfect nutrition of late. The stomach, however, was evidently in good order, and did its work well. The liver, as far as the stools showed, was not at fault. The bowels, with certain exceptions (though in these making great trouble), were regular, free and natural in the evacuations; there could not, therefore, be any *active* disease at work in them. The regular pulse and freedom from tenderness or tumor also forbid a suspicion of this. The affection was occasional—simultaneous with, or rather following an interruption of the regular stools. Its original onslaught dated very definitely from the convalescence from the first disease—enteritis, peritonitis, or whatever it might have been. (I should mention that the physician who had him then in charge died, and thus prevented fuller information from that source.)

With these facts in view, I came to the conclusion that in the original disease a bridle had formed across the intestine in the neighborhood of the caput coli, which bridle did no harm as long as there was a free and regular passage of the contents of the bowels through, but upon a collection or stoppage behind it, strangulation was produced—evidenced by the uneasiness, pain and tumefaction locally; by the nausea, vomiting and absence of stools sympathetically.

Treatment.—Before my taking charge of the patient, he had, under advice, been taking during the attacks active cathartics of rather a powerful nature, immense doses of laudanum, and had been applying hot fomentations to the abdomen. This course was followed during the first attack under my care, 300 drops of McMunn's elixir being given before relief was obtained. The diagnosis being formed and explained clearly to the patient—a step considered desirable, if not necessary—to insure his co-operation in the treatment, an ample wineglassful of castor oil was administered, as being gentle, prompt and thorough, and not likely to exhaust by overaction. The pain, however, gained on this, and assafætida was given by mouth and by enema. Hot fomentations were also ap-

plied to the abdomen. When the oil seemed likely to act, and but to require assistance, enemata of brown soap and water with oil were given. By following this as a routine, the paroxysms were cut short to six hours, lessening the suffering immensely, though even to the last some still remained obstinate and persisted for ten hours. The discharges which occurred upon amelioration of symptoms were rather dark in color, formed and hard, approaching the form of scybalæ.

Using the above to combat the paroxysms, between them means were used to restore strength to the patient and prevent a recurrence of the attacks. The diet was carefully and experimentally enlarged, and increased in richness, gradually introducing into it juicy broiled and roasted meats and wine. Syrup of rhubarb, and the root rhubarb, were used in doses just sufficient to gently stimulate the bowels and ensure a daily free evacuation. Exercise more freely in the open air was urged, and, in short, everything which might tend to increase the health and strength of the system generally.

Prognosis.—For certain very urgent reasons, affecting not only the patient but others, it was very important that a prognosis should be given while as yet there was but little in the progress of the cure on which to found one. Supposing the diagnosis correct, and taking into consideration the great power of nature to remedy all sorts of accidental vices of conformation, and of her readiness to do this, the prognosis was strongly favorable—probably more so than more experienced judgment would have made it. My theory, however, was, that—could the attacks be avoided and the patient's strength be fostered in time, the constricting bridle would lengthen and the constriction be lessened, or possibly entirely done away with.

Subsequent History.—The patient left Boston in the spring of 1843. The attacks had lessened much in violence, and the interval between them been greatly prolonged. The discipline of diet and the general treatment was faithfully pursued, with encouraging results, the periods reaching the length of three months, and the attacks then ceasing, with one exception, which occurred after a very prolonged interval, so that two years afterwards his health had reached its usual standard, saving a dyspepsia which annoyed him for some time after.

CASE OF EMPYEMA TREATED BY THORACENTESIS.

BY EPHRAIM CUTTER, M.D., WOBURN, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

ON March 2d, 1856, I saw Mr. J. W. B., cordwainer, 24 years of age, and an American. Family free from phthisis. In boyhood not very robust. About six years previous to date of visit, he removed his residence from W—— to Northern Vermont, where he im-

proved so much that he appeared a remarkably healthy man. In March, 1855, he returned, and was married the succeeding month. The union proved unhappy, and in the etiology of his complaint must be included his consequent mental depression. Coryza and a sore throat, probably syphilitic, soon appeared. This increased and was followed by a cough. In May, after exposure, he was suddenly prostrated with chills, short breath and pain in left side. Under the care of a physician these acute symptoms subsided, but he continued, now better, now worse, all summer, generally being confined to bed. In September his disease increased, and he kept in bed permanently until he came under observation. All this time he had a desperate cough, an appetite varying from voracity to anorexia, and vomiting more or less. He had diarrhœa at times, and occasionally some dysuria. His nights were sleepless, except when he had recourse to sulphate of morphia, at which he expressed the utmost disgust. His decubitus was always on the right side.

Condition at the time of observation.—I found him awaiting death from phthisis, for such was the diagnosis of himself, his previous physicians and his friends. However, he talked freely and loud, and could make a deep inspiration without pain. Tongue clean. Appetite good. In habit of eating most at midnight. Thirst less. Bowels loose. Urine normal. Vomits. Decubitus on right side. Cough considerable. Sputa, a thin aërated mucus, not copious. He was haggard, emaciated and bedridden. Pulse 100. Respiration 20.

PHYSICAL SIGNS.—*Inspection.* The cartilage of the vomer was eroded, so that a finger and thumb could freely meet from opposite sides. The patient had not noticed this before. Intercostal spaces of left thorax full. Depressed on right. Chest poorly covered with integument. Some of the superficial veins of left, varicose. *Palpation.* Patient exceedingly tender over left chest, and all the way down to the iliac region. Impulse of heart wanting in precordia. Upon search, apex found beating to the right of sternum, between fifth and sixth ribs. Movements of respiration non-symmetrical. *Percussion.* Dull throughout left side, but not absolutely flat. On right, normal. *Auscultation.* Respiration not heard over left chest. Puerile, with mucous rales, on right. In left hypochondrium, metallic tinkling when patient coughed, and a peculiar ringing of the voice. *Succession.* No significance.

Diagnosis.—An effusion of liquid and air occupying left thorax; because of the tenderness, the dislocated heart, the dulness on percussion, the absence of respiration and the metallic tinkling.

Treatment.—As affording a prospect of relief, if not of cure, it was proposed to puncture and draw off the fluid. This being announced and explained, the patient and friends acceded to it. The operation was performed March 11th.

Mode of operating.—The patient was placed on a chair, previously protected with bedclothes, facing the back. Thus he was fairly supported, and his back fully exposed. The patient was re-

examined and the diagnosis confirmed. As he refused to be operated on except he took chloroform, my father, Dr. B. Cutter, gave it. As sensibility departed, I punctured the left thorax one and a half inch below the lower angle of the scapula, with a trocar and cannula of the size of a large knitting needle. As the heart was dislocated to the right, there was no necessity for puncturing behind. On withdrawing the trocar, the sero-purulent fluid spouted out. By means of common India rubber tubing, a stomach pump was adapted to the trocar, and seventy fluid ounces were removed. The pump was provided with a movable valve, so that when the egress was open, the ingress was shut, and *vice versa*. Patient expressed no pain, but was rather elated. The fluid was of a dirty-greenish hue, specific gravity 1025, and solidified on application of heat and nitric acid. Under the microscope, large quantities of pus corpuscles, with some pavement epithelium, were seen.

The operation lasted about half an hour. Next day he felt relieved. Decubitus still on right side. Vomiting gone. Appetite good. Heart still on right side. Physical signs of left thorax that of a cavity containing air. Left lung not expanded.

March 24th.—Feeble respiration heard at lower angle of left scapula, also in supra spinous fossa. This was the conduction of the puerile respiration of the right lung. Can lie on back. Is strengthened.

26th.—Had clothes on all day, and was able, unassisted, to go down stairs to breakfast, a thing not done since September, 1855. Pulse 88.

April 6th.—After having been comfortable for about a month, his appetite failed. He discontinued going down stairs and kept in bed. This day, he had a paroxysm of coughing, which lasted three hours. About a pint of sputa was raised, consisting of thick tenacious mucus mingled with pus. Complained of severe pain in epigastrium, and of being very tired. Still his general appearance is improved.

22d.—Got no better, and requested another operation. Chloroform was given, as before, and the puncture made near the first with a much larger trocar. Half a pint of thick creamy pus, containing portions of clotted matter, was with difficulty obtained. The patient was raised in bed, more relieved by this operation than the first. The punctures closed up immediately in both instances. His treatment was a tonic one, the importance of fresh air being insisted upon. As he progressed, some cedema of left arm and both feet appeared. The ethereal tincture of iodine painted outside relieved this. Various cough mixtures were employed, with various relief.

May 25th.—He died in convulsions.

Autopsy, 31 hours after death.—*Inspection*. Intercostal spaces of right side much depressed; of left, full and bulging. Over left precordium a manifest prominence. *Percussion*, clear on right side, dull on left. You would have expected the left thorax to be the

clearer on percussion, as it contained chiefly air. The reason probably was, because the air was confined, on the principle that if the air-hole in a drum is stopped, the sound is deadened.

Left thorax occupied by air, and five or six ounces of thick pus. The entire walls lined with a layer of purulent coagulum 4—6 lines thick. Dr. Chapin, of Winchester, who was present, suggested that this might be one cause of the dulness. *Left lung* condensed, carnified, flattened and bound down by adhesions. It lay on the bodies of the dorsal vertebræ in the mediastinum. At its middle, two or three foramina, communicating with the bronchi, opened into the cavity. These explained the metallic tinkling and the pus in the expectoration. Pericardium lay loosely over its contents, and entirely within the right thorax. It contained four ounces of serum, and an atrophied heart covered with a bluish white deposit, and weighing six ounces. Structure very hard and compact, and had a clean glistening cut. Right lobe of liver greatly hypertrophied. Other organs healthy, but atrophied. Vomer destroyed down to level of inferior turbinated bones. On left aspect of glans penis, a reddened areola, with slight induration. *Right lung*, with the exception of one or two small bronchial abscesses, and slight pleuritic adhesions at apex, healthy.

Remarks.—This case shows at once the importance and the fallacy of physical signs. Had they not been ascertained in the present instance, it is probable that, on the registrar's book, consumption would have enrolled one more name than it was entitled to. More than this, had the physical signs been early consulted, it is likely that J. W. B., instead of being in his grave, would have been alive now.

The dulness of the side containing air, taken alone, would have been fallacious. So of the dislocated heart, for it might have been congenital. I think the decubitus on the sound side an interesting fact. Authorities and common sense lead us to suppose that the patient always reclines on the heavier side. Finally, the autopsy explains the failure to cure the patient by the operations.

September, 1856.

CASE OF MELANOSIS.—FALSE MEMBRANE PASSED PER ANUM.

[Communicated for the Boston Medical and Surgical Journal.]

I WITNESSED the *post-mortem* examination of Augustus Stackpole, of Dover, N. H., aged 41, carpenter, who died July 13, 1849, of what was called melanosis. He had been complaining for more than a year previous to his death, "that he felt as though he was wearing out." He had a mark on his neck just above the right clavicle, resembling a coagulum of venous blood under the skin. The mark was about half an inch long by one fourth of an inch in width, with not much elevation above the surface, until within a year previous to his death, when it began to itch, which caused him

to rub it, and from that time it continued to grow, until within six weeks of his death, when it was removed by caustic, but grew again. The mark on his neck, above described, was the only external indication of disease except a slight change in the color of his lips. His physician had given him, for a year previous to his death, a variety of medicines for this tumor, and for an unpleasant sensation in the region of the liver and stomach. About three weeks before his death, he was obliged to take to his bed. The principal symptoms were an elevation of his lower ribs and of the lower end of his sternum, a feeling of distress across the stomach, shortness of breath, nausea and vomiting, and a *peculiar* taste in his mouth. He took an emetic, which operated well, also cathartics, which were effectual, but nothing relieved him; he grew worse, and finally died. A *post-mortem* examination revealed the following appearances. The liver was very much enlarged, reaching from side to side, displacing the stomach, pressing upon the diaphragm, and elevating the ribs, on both sides, nearly an inch. It weighed nearly eleven pounds and a quarter—(a healthy liver weighs not far from four pounds). The organ seemed almost completely disorganized, resembling in color the mark on his neck. Several portions of its tissue were as soft as a well-baked sour apple, others were not so soft; but the disease extended through the whole organ. A black matter was deposited extensively through both lungs, around and through the heart, and in and around the kidneys. It also covered the bowels, mesentery, peritoneum and bladder, in masses of all sizes, from that of a mustard seed to that of an English walnut. The soft spots in the liver, when rubbed between the thumb and finger, resembled very much the soft, black mushroom that grows in barn-yards. Would any course of treatment have eradicated the disease, if it had been commenced when it first appeared on his neck?

I saw in the Journal, Vol. LI., page 382, the report, by Dr. Homan, of a severe case of dysentery in a child, where a long piece of false membrane came from its bowels. I had a case in an individual, Wm. R., of this place, who passed from his bowels a piece of false membrane (I did not see it) I think nearly two inches wide and eighteen inches long. He had had what his former physician called two "bilious attacks," which left his stomach and bowels in a very deranged condition. At the time of his calling on me, there was scarcely anything that he could eat without producing distress, and vomiting of the food taken, and of a large quantity of liquid matters; there was also a tendency to a return of the so-called bilious attacks. He had taken a variety of medicines to bring his system into a healthy condition, but without success. On the 9th of October, 1854, I was called on to prescribe for him. In a few days he considered himself better. Then he indulged in an improper quantity and quality of food, which brought on a slight return of his vomiting and distress, but was soon relieved. In a few days he indulged again, and immediately had a relapse, from

which he soon recovered, and he then promised and determined to follow a strictly judicious course until he was well. But being a large man, accustomed to labor hard and eat heartily of meats, potatoes, &c., in a few days more, feeling, as he said, nearly as well as ever, notwithstanding the relapses he had experienced from former indulgences, he was induced, by the advice of some kind friend, to try a good fat turkey for dinner, with an abundance of rich gravy, &c., to make him strong. Early in the evening after the turkey-dinner, he lifted a tub with water in it, and shortly after, felt a pain in his bowels. His wife began to treat him, about six o'clock, and about nine o'clock I was called to see him, and found him in great distress. In spite of mustard poultices, &c., on his bowels, cathartics by mouth and by injections, and anodynes, including the inhalation of sulphuric ether, he continued in such great distress, and made so much ado, up to ten minutes before his death, a little more than ten hours from the time I first saw him, that it was impossible for me to leave him. His pulse began to fail, and to intermit, about one o'clock, four hours from the time I first saw him, and about seven hours from the attack. No *post-mortem* examination was had, but from the peculiar condition of the bowels, including the passage of the long and wide piece of false membrane, and from the nature, severity and continuance of the pain, is it not probable that a rupture of the bowels had taken place from ulceration, superinduced by lifting the tub of water when his bowels were full?

I saw in your Journal, Vol. LII., page 401, that Boyer formerly denied that the fracture of the clavicle occurred in children.* I am treating a case of the fracture of the right clavicle of a boy not quite three years old, produced by falling off a bed backwards while standing. The child's father met with the same accident when a child.

N. L. FOLSOM.

Portsmouth, N. H., Sept. 1856.

CASE IN WHICH THE WHOLE OF ONE LOWER EXTREMITY AND
THE SIDE OF THE PELVIS WERE DEFICIENT AT BIRTH,
OWING TO COHESION OF THE PLACENTA WITH
THE BODY OF THE CHILD.

BY W. F. MONTGOMERY, A.M., M.D., PROFESSOR OF MIDWIFERY, ETC., TO THE
KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

In the Dublin Journal for last May, I published an account of a case of foetal malformation, to which the one now to be communicated is so strikingly similar in some of its most remarkable peculiarities, that I have prefixed to the present paper the title of the former. There is, however, more than one point of difference; but especially one of a very singular and important character, which will be dwelt on towards the close of this account.

* It is the occurrence of *partial* fracture of the clavicle, without regard to age, which the French surgeon denies. Complete fracture of this bone is a very common accident with children.
—EDITORS.

On the 19th April, 1856, Dr. Shannon kindly placed in my hands, for examination, a seven months' child, born, under his own observation, on the previous day, and much malformed, owing to cohesion of the placenta with its body at the perineal region.

The mother was twenty-three years of age, had always been healthy, and had previously borne one child, which was quite well formed; her husband was not a relative by consanguinity; she had not met with any accident or fright during her pregnancy; the liquor amnii was discharged forty-eight hours before the establishment of labor, when the abdominal viscera of the child were found in the vagina; the delivery was safely accomplished, and there was no hemorrhage.

The right lower extremity was entirely absent; the left present, but abnormal; the thigh was drawn up, and bent on the body at nearly a right angle; while the leg was flexed close along the thigh, and the foot very much bent upwards, with the heel sunk in a pouch of integument lying close upon the junction of the placenta with the body of the child.

In the former case, owing to the kind of presentation, and the consequent necessity for manual interference to effect the delivery, the connection of the placenta with the child was severed, and the relations of other parts were displaced; but in the present instance, the child was easily expelled by the natural action, and the placenta and other parts were found undisturbed.

I am indebted to Mr. Connor, Curator of the Anatomical Museum, Trinity College, for a careful examination and subjoined account of this specimen, as well as for an accurate cast of it, in wax, and a beautifully prepared skeleton.

The head, upper extremities, and thorax, were normal, but the right side of latter more arched than the left; the child was rather handsome; the spinal column was well developed, and the foramina normal; ilio-sacral symphysis, on both sides, perfect; the coccyx was nearly half an inch in length, and inclined downwards, backwards, and to the left side; in the early stages of foetal life, this tail-like form is very apparent; the right ilium was normal in all its proportions, except its upper and anterior crest; there was no trace of the right ischium or pubes; on the left side all was normal, except that the obturator foramen was not distinct, there being no obturator vessels or nerve; it was buried in a mass of muscle,



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&c. In the last skeleton, there was a small portion of the right pubes attached to the left; in this, there was not a vestige—it was a smooth surface; above, and a little to the left, are the remains of the left labium; when we see this, and the orifice of the rectum pulled to the right side of the mesial line, we may suppose that the adhesion first implicated the right side of the perinæum; the femur, tibia, and fibula of the left limb were perfect; the patella was present, and a particularly strong fascia covered the knee-joint, and the outer condyle was enlarged; the ankle-joint and os calcis normal, as were also the great toe, the last, and also the second last; the two latter, and a trace of the third last, were in the heel-pouch; no vestige at all of the second toe, or the central bones of the foot, which was cleft at that part into the great toe, which is seen in the sketch; the two last were entirely hid from view in the heel-pouch.

The union of the placenta to the child was at the perinæum, where the connection was very vascular, by numerous vessels, one being very large (see Figure), which appears to have performed the function of the umbilical vein, and to have carried the renewed blood from the placenta to the child. But as there was no large vessel to carry it direct to the liver, as in the normal arrangement, it was carried to that viscus through the veins of the abdominal viscera; from the liver, the current of blood was carried on in the usual way till it arrived, on its return, at the end of the abdominal aorta; it then flowed back to the placenta through the right hypogastric artery, which was much dilated, and of a uniform calibre with the descending aorta. The left hypogastric artery was completely obliterated by the fusion of the parts that join the placenta, just at the left side of the symphysis pubis; but from that point the left umbilical artery can be traced from a large *cul de sac* into the placenta, the right umbilical artery being continuous with the right hypogastric and aorta. There was no trace of either iliac artery or femoral of left side; the left hip, thigh and foot being supplied by the great vascularity between them and the adherent placenta.

The nerves of the sympathetic system were particularly well developed; the sacral nerves of the right side were present, but passed as mere threads through the sacral foramina; the nervous system of the left side was normal, and the great sciatic well developed.

All the viscera above the diaphragm were normal, as were also the spleen and liver; the latter, however, being supplied from the mother through the portal system, which performed the function of the umbilical vein. The stomach and intestinal canal were normal; the cæcum long and funnel-shaped, the anal orifice ending in the "heel-pouch." The kidneys were normal and large, the left largest; the supra renal capsules very large, even for the age of the child (like the kidney of the crocodile); the left supra renal capsule was unravelled, and of a very long oval form, which was caused by its being on the stretch, in consequence of the peculiar connection of

the child with the placenta; the ureters were very much dilated, being larger in their calibre than a swan's quill, and ending in a very capacious pouch, evidently formed of a union of the vagina, uterus, and bladder; the orifice of this bladder-pouch opened into the heel-pouch, near the rectum; on the outer wall of the right side of the bladder-pouch, the enlarged hypogastric artery ran, and entered the placenta nearly at the same point as, in the normal arrangement, it would have entered the umbilical vein.

The vagina and uterus were completely fused with the bladder, no trace of them, or of the Fallopian tube, or ovary of left side; they were fused into the general mass; for it was at this point that the general centralization or adhesion took place. But on the right side the Fallopian tube was distinctly traceable to the bladder-pouch, on the right outer wall of which, it was lost or fused; the ovary and fimbriæ connected with this right Fallopian tube were very distinct, but adherent very high up, close to the kidney, where, in the early periods of foetal life, they are found to lie; the tubes closely resembling the cornua uteri of some of the lower animals.

The heel-pouch is lined with cuticle, and in it are contained the last, second last, and a rudiment of the middle toe; the orifice of the rectum, and the orifice of the bladder-pouch, also opened into the heel-pouch; there was no trace of vaginal orifice, but the remains of the left labium are seen at the upper and outer border of the heel-pouch, to the left side, and in the shape of a crescentic fold; this pouch was full of the same kind of sebaceous matter as that which thickly covered the skin of the child.

The line of demarcation between the skin and the membrane covering the liver and intestines was abrupt and well-defined, and of a slight purplish hue; the epithelial layer at the edge was distinct, and readily peeled off; this boundary passed from the right lumbar region round to the heel, which it just touched, passed under the heel-pouch, touched the coccyx, and so round to the right lumbar region; the heel-pouch, and the small orifice over the sacrum, were on the cuticular side of this line.

The liver, intestines, and obliterated left hypogastric artery, and the right enlarged pervious hypogastric artery, were on the placental side of this line; the foot seems to have become adherent to the hernial sac, just where the umbilical cord, when existing, makes its exit from the placenta.

The amniotic envelope was distinctly traceable behind the line of demarcation, up and behind the integuments of the epigastrium, to the serous coat of the diaphragm and abdominal viscera.

The nails were but feebly developed; the hair very fine, long, close, and fair; the membrana pupillaris was visible.

One of the most curious facts connected with this case is that now to be noticed. In the integuments, just over the middle of the sacrum, and about half an inch above the line of demarcation between the skin and amniotic membrane, was a very small, perfectly well-defined hole, with smooth edges, which just admitted a large

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bristle to pass through it into the heel-pouch, along a canal almost filled with sebaceous matter, which passed along the back of the thigh; this little aperture had all the appearance of being artificially made, but was unquestionably of intra-uterine origin, and is deserving of especial notice in a medico-legal point of view, as, under other circumstances, it might readily be mistaken for a hole intentionally made with a pointed instrument for the purpose of destroying the child's life, by passing a long needle up into the spinal marrow.

Several years ago a woman was executed in this city for the murder of her infant by a means closely resembling that just alluded to; she passed a long darning needle through the upper part of the spinal marrow into the brain, where it was found. She confessed her guilt, and further declared, that the idea of injuring her child had never entered her mind, until she witnessed the execution of a woman who had destroyed her infant by the same means.

A case related in Paris and Fonblanque's "Medical Jurisprudence,"* is so curiously illustrative of the above, and of the necessity of attending to such peculiarities of structure, that I shall subjoin a brief account of it.

At the Devon assizes, in March, 1800, Thomas Bowerman was indicted for the murder of Mary Gollop when fourteen years of age; more than a month before the trial, his daughter Elizabeth, twelve years of age, stated that she saw him kill Mary Gollop by pushing an awl into her head; and pointed out the spot, near the ear, where the perforation had been made. In consequence of this statement, in February, 1800, two years and a half after her death, the body of Mary Gallop was disinterred, and an inquest held. The skull was examined, and a small hole, of the size of an awl, was found near the ear, just where Elizabeth Bowerman had pointed out; the coroner's jury, in consequence, returned a verdict of wilful murder against the prisoner. The case attracted the attention of Mr. Sheldon, who, after examining the skull, declared his opinion that the hole, supposed to have been made by an awl, was a natural perforation for the passage of a vein; and pointed out the fact, that there was a sort of enamel round it which could not have been there if it had been made by force. He moreover produced a dozen or more human skulls, having in them similar perforations, variously situated, and presenting a similar appearance of polish round their edge. The consequence was that the grand jury ignored the bill.—*Dublin Quarterly Journal of Medical Science.*

J. F. MARSON, Esq., Surgeon to the London Smallpox Hospital, says, "he has never seen any evil results traceable to vaccination, with the exception of a single instance in which measles occurred at the same time, and four or five examples of rather severely sore arms, arising from lymph recently taken from the cow."

* Vol. iii., p. 80.

Hospital Reports.**BOSTON LYING-IN HOSPITAL.**

*Nymphomania. Removal of Foreign Bodies from the Bladder.** Under the care of Dr. H. R. STORER.

Margaret Murphy, æt. 20, Irish, entered hospital as out-door patient April 9th, as in-patient April 19th. She is very plethoric. Expression of countenance both stupid and sensual. Is unmarried, but has had one child, seven months since; labor tedious and instrumental. Has racking cough; was formerly treated for pleurisy, but now no marked physical signs in chest. Profuse leucorrhœa, which has had since fourteenth year, or date of first catamenia. Always some dysmenorrhœa. Complaints of excessive "pricking" in region of bladder, constant dysuria and at times incontinence of urine, which upon microscopic examination was found to be normal. Not costive. Irritable disposition, natural or acquired; hysteria.

Upon examination, temperature of vagina exalted; otherwise nothing noteworthy about it, uterus or external parts. Pressure along course of urethra easily borne, but higher up, in neighborhood of and upon bladder, causing severe pain.

Ether having been administered, urethra was found of natural size, free throughout entire extent, but a foreign body struck by sound in cavity of bladder. This having been seized by forceps and with difficulty extracted, proved a long piece of copper wire, bent and several times twisted upon itself. Hæmaturia for several hours subsequent to operation. Put on antispasmodic treatment, assafœtida, &c. Diet low.

April 16th.—Again etherized and a twisted hair-pin removed from bladder.

23d.—Another hair-pin removed, nearly entire, like the first twisted, and its points greatly projecting. Also under ether. No incrustation upon these bodies, although patient asserts they were introduced years since.

28th.—The bladder was again carefully sounded to-day, but found empty. General health greatly improved. Patient therefore discharged.

This woman's past history gives a good idea of the inveterate habit into which her malady has driven her. Her early account of herself, that in Ireland she was considered epileptic, probably resolves itself, by the testimony of late years, into the fact that she has always been hysterical, then violently so. Since she has been in this country, from 1850, she has passed through many hands, both in and out of hospitals. Besides the Lying-in, she has been at the Massachusetts General Hospital, and that of Deer Island, and has been treated by Drs. Salter, Shattuck, Bowditch, Storer Sen., Jacob and Henry J. Bigelow, Perry, Moriarty, Abbot, Herrick and Sprague at least, perhaps by others. Foreign bodies of various kinds have been removed from her vagina by Drs. Salter and Turner (assistant at Deer Island in 1854), and from the bladder by Dr. H. J. Bigelow, who made some comments upon the case at a meeting of the Medical Improvement Society, Aug. 23th, 1854.

Since her discharge from the Lying-in Hospital, she has begged re-admission, having apparently again filled the bladder; but this was refused, on the ground that treatment without proper restraint would be worse than useless. The needed restraint had been sought by sending her as a fit sub-

* A much fuller account of this case, in connection with another, analogous but not identical, was read before the Society for Medical Observation, July 21st, and will appear in the American Journal of the Medical Sciences for October.

ject to the City Lunatic Asylum, at South Boston, whence however she was shortly discharged as "not insane." She will without doubt seriously injure herself before long, probably perforate the bladder, which it is only surprising she has not already done.

Bibliographical Notices.

A Treatise on Therapeutics and Pharmacology or Materia Medica. By GEORGE B. WOOD, M.D., late President of the American Medical Association, &c. &c. In two vols. pp. 840 and pp. 900. Philadelphia. J. B. Lippincott & Co.

It was our good fortune, some years since, to attend a course of Lectures on *Materia Medica* and Therapeutics, delivered in the University of Pennsylvania, at Philadelphia, by the author of the work whose title we have placed above. We well recollect the pleasure and profit with which we listened to those lectures. They were admirable expositions of the principles of therapeutics, and contained careful and accurate descriptions of drugs and therapeutical compounds. We rejoice to find that those "Lectures constitute the chief substance of the present Treatise." We are confident that it will meet a want in medical literature which no one could supply so well as Dr. Wood. The lectures, we have often felt, deserved to be put into a permanent form for the benefit of the whole profession. In doing this, the author has rendered a substantial service to the medical community, for which he will receive their sincere thanks.

The work is rather a treatise on therapeutics than on *materia medica*. It describes the effects of drugs on the system, their use and application in disease, more fully than it does the drugs themselves. It differs from the United States Dispensatory, of which it is almost needless to say Dr. Wood is one of the authors, in not treating with the same fulness of detail of the subjects peculiar to pharmacology: of the physical and chemical properties, commercial history and officinal forms of drugs. It differs also from the author's *Treatise on Theory and Practice*, in not presenting an elaborate view of the principles of medicine or discussions upon special diseases. It necessarily contains much, however, that is common both to the Dispensatory and to the work on theory and practice. We are glad to say that this work is not a compilation. It is the result of the author's observations and experience. The opportunities that Dr. Wood has enjoyed for investigating the action of drugs on the human economy have been of no ordinary character, and this work shows that they have been carefully improved. It is written from experience. It is the result of personal investigation, and therefore possesses peculiar value. The treatise is divided into two parts. The first part is devoted to general therapeutics and pharmacology; the second, to special therapeutics and pharmacology. The primary and secondary effects of medicines, their *modus operandi*, the influences which modify them, the forms in which they are used, the manner of exhibiting them, &c., are discussed in the first part. The remainder of the work, which embraces all the second volume and more than three-fourths of the first, is occupied with an account of remedial agents, not merely of drugs, but of all therapeutical appliances, whether drugs or more general remedies, as cold, heat, electricity, diet, depletion, mineral waters, mental influences and the like, which the physician of the present day employs. It is, in fact, a great merit of the work, that it describes all agents or influences that are

"capable of being usefully employed in the treatment of disease." We commend the work most heartily to the profession. When we say that it will fully sustain the reputation which Dr. Wood has achieved, both in this country and among our transatlantic brethren, we give to it no ordinary praise.

We cannot close this brief notice without referring to the elegant dedication which prefaces the work. It is dedicated to Franklin Bache, M.D., who for more than thirty years has been the intimate friend and fellow laborer of the author. It is delightful to witness such intimacies and proofs of esteem among those, whom the world is apt to regard as competitors, if not enemies. It proves that even doctors can be friends. It is another instance of that continued courtesy, kindness and friendship between distinguished men, engaged in the same calling, of which our own city has furnished an eminent example.

The typographical execution of the work is good. The type is large and clear. The second volume closes with a copious and exact index, by which any reference to the text is easily made.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 9, 1856.

"HEREDITARY INFLUENCE, ANIMAL AND HUMAN."

In Littell's *Living Age* for October 3d, 1856, we find an elaborate article, with the above caption, taken from the *Westminster Review*. The writer examines the subject in most of its aspects, and with reference to two publications lately issued in England and France, and to another bearing the date 1828, at Paris. The whole paper will greatly interest the physiologist and the medical philosopher; we have space only for a cursory allusion to one or two points always acknowledged to be of the highest importance to the welfare of the human race, and about which much has been written and a great deal remains to be understood and discovered.

The writer in the *Review* well remarks, in opening his subject—"The problem of hereditary transmission, physical and moral, although one of the most interesting of physiological problems, is also one of the most baffling. In spite of its obscurity it fascinates the inquirer; perhaps with all the greater force because of its obscurity— * * * —"

To the momentous question of hereditary *insanity*, the last two or three pages of the review are devoted. The fact of transmission is, of course, acknowledged, and two remarkable instances are cited, from the most reliable authorities, to show the fact of periodical recurrence, and the occasional strong resemblance in the nature of the attacks. Esquirol furnishes an example:—"A lady, in her twenty-fifth year, went out of her mind after her accouchement; her daughter was afflicted in the same way, at the same age, and under the same circumstances." The other case is related by Moreau, and is that "of a man, who, greatly agitated by the events of the French Revolution, shut himself up in one room, from which he never stirred during ten years; his daughter, on reaching the age at which he was attacked, fell into the same state, and could not be made to quit her apartment." These are striking instances. It may be remarked that the latter, particularly, would have been more so if the second subject of the affec-

tion had been a son instead of a daughter; the effect of so peculiar and long-continued self-imprisonment would be more likely to impress the female than the male organism, and possibly to call to its aid the hysterical influence more inherent in the former than in the latter.

The reviewer goes on to broach a very important subject—that of the propriety of contracting marriage when either party exhibits signs of insanity, or has the misfortune to spring from a tainted stock. While he seems fully alive to the "awful responsibility" attaching to parents or guardians who are called upon to decide whether or not an alliance shall be formed under such circumstances, he seems inclined to allow more freedom than we have been accustomed to think safe or wise. It is true that, nearly always, parental or friendly influence is of but very limited avail, as the old couplet implies,—

"When love gets into the youthful brain,
Discretion is useless and caution is vain!"

but we believe that duty imperatively calls for caution, and let us hope that it is not always in vain. If young persons would only be willing, under judicious advice, to balance probabilities (for, with the reviewer, we acknowledge it is not *certain* that either insanity, scrofula or consumption will be transmitted to offspring by affected parents), they will hesitate before they render their children liable, even, to a terrible inheritance, and one which they, in their turn, may, nay frequently must, communicate, more or less directly, to those who come after them in the bonds of consanguinity. The writer whose paper affords us the opportunity for these remarks, while he allows (what indeed he cannot ignore) that at some time insanity will suddenly break out, through the influence of transmission, in a family, is yet disinclined to advise the endeavor, even, to frustrate alliances which would involve all the requisite elements of such a result. He even says, "we frankly confess that we should hesitate before pronouncing against marriage, even when one of the lovers had already exhibited unequivocal signs of insanity or consumption. Nor is this said from any love of paradox; it is quite serious, as the reader will admit, when he considers that the probability of transmission to children is very *uncertain*, and is entirely dependent on the other parent" (that is, on the diseased parent). Now we believe that there are few who would not, if called upon to "pronounce" an opinion in these cases, decidedly advise against such union. It is one thing to advise, and another to compel; but what should we think of parents or guardians who deliberately countenanced marriage under the circumstances designated? The question is best answered by bringing it home, each one to himself; should we be indifferent to these risks ourselves, or for those to whom we are related? Every one must know of instances, for they are not rare, in which the most disastrous results have followed marriages contracted under palpable evidence of likelihood of an hereditary transmission of insanity or of physical disease. For ourselves, we are cognizant of several such cases. What, we would ask, do the advocates of such marriages offer as equivalents for the evils induced? To talk of thwarted affection, &c., is all very well; this is painful, but far less so than the woful results which may, at least, be expected. Should not, then, the influence of calm and well-informed advisers be rather against, than in favor of, these alliances? We think so, and consequently cannot join the reviewer in his opinion upon this mooted question. Nothing, as it seems to us, can be more shocking than to aid and abet marriage between two individuals, *liable*, to say the least, to propagate a terrible mental or physical disease. The question may

rest upon an uncertain foundation, but no matter whether it be only what he terms one of "organic combination," or even if it make marriage a greater "rarity," we still hold it the duty of all, but particularly of medical men, to discourage the incurring a risk alike fearful to the chief actors, and to those who may derive their existence from them.

The writer of the review suggests, in a foot-note, that "Dr. Forbes Winslow might take up this topic in his valuable *Journal of Psychological Medicine* with good effect." We think so too, but venture to say that he would differ, in many points, from the positions we have referred to.

SULPHATE OF IRON AS A DISINFECTING AGENT.

THE removal of the contents of privies, or the neutralization of their deleterious effects when this is impossible, have long been known as among the most important measures for preserving the health of communities. Every one is aware of the noxious qualities of the excretions of the body, when accumulated to any extent. The gas which they secrete is immediately fatal to any living creature who is immersed in it. In our city, which is well supplied with good drainage and an abundance of water, these effects are seldom observed, a large number of houses being supplied with water closets, by which all injurious substances are speedily carried off into the sewers. In places where there is no drainage, accumulations of faecal matters are apt to take place, which become a more or less fruitful source of disease. We notice in the *Journal de Chimie Médicale* for August, that the *sulphate of iron* is a good antidote to these effects, and as this salt can be obtained at a cheap rate, it might be advantageously employed, both for preventing disease, and also for destroying the odor of faecal matters, and enabling them to be used without inconvenience as manure. The solution of sulphate of iron effects a double decomposition with the carbonate of ammonia and sulphuretted hydrogen, which form the chief part of the deleterious exhalations arising from privies. The sulphuric acid of the sulphate of iron combines with the sulphur, leaving sulphuret of iron. The vapors of ammonia and sulphuretted hydrogen disappear immediately, and the faecal matters retain only a feeble odor peculiar to them, and that of the small quantity of vegetable matter which they contain, neither of which is offensive. The manure, thus purified, may be employed without diminution of its property of enriching the soil, and an idea of its value in agriculture may be had from the fact that the solid and liquid excrements of a man for one day are estimated at about $1\frac{3}{4}$ pounds, or upwards of 600 pounds a year, containing 3 per cent. of nitrogen, sufficient to produce 100 pounds of wheat, rye or oats.

An outbreak of typhoid recently occurred in a hotel at Swamscot, near Boston, upwards of twenty cases having occurred in the house within a short period. We are ignorant of the precise cause of the epidemic, but it was undoubtedly of local origin, and could probably be traced to some defect in the drains or water-closets, or to emanations from decomposing matter. In such a case the sulphate of iron, if the above statements are true, might be employed, perhaps with the effect of cutting short the progress of the disease.

New Method of operating for Phymosis by Circumcision.—The various operations of circumcision have all the inconvenience of requiring a separate division of the mucous membrane of the prepuce, after the section of the skin. M. Bonnafont proposes a new mode operating, which appears to

obviate this necessity, and thereby relieve the patient from much pain, and the surgeon from some embarrassment. The method consists in filling the cavity of the prepuce with lint, or cotton, in order to completely distend it, so that the mucous membrane of the prepuce is as much stretched as the skin. A circular incision is then made, which divides both surfaces completely, while the glans is protected from injury by the lint. M. Bonnafont does not employ sutures to unite the two surfaces of the cut edge.—*Gazette des Hopiteaux*.

Fall of Rain at New Orleans in August.—The heavy rains which have so peculiarly distinguished the latter part of the summer season the present year over our whole country, seem to have exceeded in New Orleans almost anything of the kind before known. It is stated in the New Orleans Medical Journal that in the month of July there fell in that city 15.75 inches; and in August 25.36 inches. From the 10th to the 13th of the latter month, inclusive, it amounted to 16.88 inches! "about two inches," the editor states, "less than the annual average at Paris, and three and a half inches less than that of London." A severe gale at the same time arose, causing the sea, with the inundation of the river, to sweep over the islands and low lands in the neighborhood of the city, carrying away and submerging houses and drowning hundreds of the inhabitants. And yet, through it all, the public health remained unusually good.

Health of the City.—The number of deaths last week was considerably less than during the preceding one, 83 against 118. The deaths by consumption (17), exactly equalled the number of the corresponding week of last year, while those from cholera infantum were only one half as many. Scarlet fever still prevails in a fatal form; we are inclined to think that it is chiefly confined to the foreign population. There were no cases of death from this disease during the corresponding week of 1855. Dysentery appears to be on the decline, there having been only 2 deaths against 7 of last year. We have heard of several severe cases of typhoid fever, but the number of deaths from this disease was insignificant.

The Medical Profession in Austria consists of 6,398 physicians, 6,148 surgeons, 18,798 sage-femmes, and 2,951 pharmaciens. There are 684 hospitals, capable of receiving 58,533 patients.

Communications Received.—Extracts from a paper on the Vital Statistics and the Causes of Mortality in San Francisco. By Albert F. Sawyer, M.D., one of the Surgeons of the Charity Hospital.

Books and Pamphlets Received.—Practical Anatomy, a new arrangement of the London Dissector. By D. Hayes Agnew, M.D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.

MARRIED.—At Jamaica Plain, George J. Townsend, M.D., of South Natick, to Miss Mary M. Buck, daughter of Charles Buck, Esq.—In Cambridge, Oct. 2d, Benjamin S. Shaw, M.D., of Boston, to Miss Amelia C. Tribou, daughter of Oliver Hastings, Esq., of Cambridge.

Deaths in Boston for the week ending Saturday noon, Oct. 4th, 83. Males, 38—females, 45. Inflammation of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 1—consumption, 17—cholera infantum, 10—croup, 3—dysentery, 2—dropsy in the head, 5—debility, 2—infantile diseases, 2—puerperal, 1—typhoid fever, 2—scarlet fever, 6—disease of the heart, 1—hemorrhage (rupture of bloodvessel), 1—influenza, 1—inflammation of the lungs, 6—disease of the liver, 1—old age, 4—inflammation of the stomach, 1—suffocation (by the fumes of anthracite coal), 2—teething, 5—tumor in breast, 1—unknown, 4—worms, 1—whooping cough, 2.

Under 5 years, 40—between 5 and 20 years, 4—between 20 and 40 years, 16—between 40 and 60 years, 15—above 60 years, 8. Born in the United States, 54—Ireland, 22—England, 3—Germany, 3—British Provinces, 1.

The Public Health.—Accounts from all sections of the country agree in representing the public health as remarkably good. We hear of no special epidemics prevailing in any part of the United States, the cases of yellow fever which have occurred along the Atlantic seaboard being as yet too few in number to create serious apprehensions of its spread.

Cholera we have not so much as heard of this season, unless it be a few sporadic cases, which may have been an exaggerated form of cholera morbus. Intermittent fever, which has been so prevalent the past three or four years in this section of country, has almost entirely disappeared, nor does it seem to be very prevalent in other parts of the country.

With good crops, and almost uninterrupted health, this may be regarded, so far, as a remarkably prosperous year to the country.—*New Jersey Medical and Surgical Reporter.*

Health of New Orleans.—By reference to our Mortuary Record, the reader will perceive that the city of New Orleans has been more healthy during the four weeks ending August 23d, than during the preceding month. We report a total of 435 as the past month's mortality, whereas our last number showed a total of 459 for three weeks ending July 21st. Certainly this is a very favorable state of affairs, and when we consider that we have but one more month of summer weather to undergo, we should congratulate ourselves on our happy condition.—*New Orleans Medical News and Hospital Gaz.*

Deadly Effect of Nicotiana Tabacum.—We are indebted to Hon. C. E. Potter, of this city, for the following instance of the deadly effect of *Nicotiana Tabacum*, which came under his notice recently. In the human species a fatal dose of tobacco rarely manifests itself in spasms of the muscles of animal life, while in the lower animals, in which the motory muscles are more strictly under the influence of the spinal system, such a result is more common and easily accounted for.

"A black snake, about six feet in length, which had been captured, was grasped by one hand around the neck and some tobacco juice thrown into its mouth. After writhing spasmodically a few moments, the snake became rigid, and after its death actually retained the position in which it was held, its head elevated from the ground and its body curled around beneath. The experiment has been tried successfully on several smaller snakes, and other reptiles, in preparing them for cabinet preservation."—*New Hampshire Journal of Medicine.*

On the removal of Tattooed Figures from the Skin.—The Parisian grisettes, anxious to extinguish these tokens of their former love and troth, use for this purpose, as a caustic, a solution of indigo in sulphuric acid, after the application of which, as both epidermis and chorion peel off, a very indistinct cicatrix remains. But this process, however innoxious it may seem, is, according to Parent Duchatelet, not without its dangers, he having seen it terminate fatally in the case of a young girl, where a serious erysipelatous inflammation of the arm ensued. A more safe and efficacious plan has been recommended by Dr. Ambrose Tardieu. He applies, for twenty-four hours, to the tattooed surface, a cerate, saturated with concentrated acetic acid. Then he rubs the reddened part well with a strong alkaline liquid several times, and washes it well afterwards with diluted muriatic acid. In this manner, a thick scab is formed, which peels off and re-appears again several times, until after about three weeks, a plain scar is left, in which not the least trace of the former marks can be recognized, especially if cinabar, or the vegetable red or blue inks have been used as coloring matters.—*Translated from the German for the Cincinnati Medical Observer.*

Medical Periodicals in Europe.—A computation, the accuracy of which may be relied upon, gives the following statistics of the number of journals of medicine and pharmacy now published in the different languages of Europe:—German language, 58; Dutch, 8; Swedish, 8; English, 30; French, 47; Italian, 12; Spanish, 9. These languages do not correspond each to a distinct nationality; thus, the Belgian journals are included in the same category as the French, and amount to the not inconsiderable number of 13.—*Arch. Gen. de Medecine.*

The number of persons arriving in the United States for the year 1855 was 230,476; of whom 200,877 were aliens, being less than half the average arrivals in the previous four years.